

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/590462** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3					/	
4						/
5						/
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46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.			2			
TOTAL DEP.			26			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52				/		
53				/		
54				/		
55				/		
56				/		
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89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.			4			
TOTAL DEP.			33			
TOTAL CLAIMS			37			